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JUN 14 2005

Appl. No. 10/065,802
Response to the outstanding 6 month SSP Office Action Dated Dec. 14, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|----------------------------------|-----------------------------|
| In re Application of Applicants: | Date: June 14, 2005 |
| Trapp et al. | Group Art Unit: 2136 |
| Serial No.: 10/065,802 | Examiner: Ronald Baum |
| Filed: November 20, 2002 | Docket No.: YOR920020159US1 |

For: METHOD AND APPARATUS FOR SECURE PROCESSING OF SENSITIVE DATA

Honorable Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (23 pages, listing of claims - response) is being facsimile transmitted under Rule 37 CFR 1.6(d) to the U.S. Patent and Trademark Office to (703) 872 - 9306 (the official fax number) and to (571) 273 - 3861 (the Examiner's fax number) on June 14, 2005.


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RESPONSE TO THE OUTSTANDING OFFICE ACTION

Sir:


Please find a current listing of claims for the above-identified application as follows:

Current listing of claims are reflected in the listing of claims, which begins on page 2 of this paper.

Appl. No. 10/065,802
Response to the outstanding 6 month SSP Office Action Dated Dec. 14, 2004

Please charge any fee necessary to enter this paper and any previous paper to deposit account 09-0468.

Respectfully submitted,

By: 
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10065802

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 35 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 35 minus 20 = | 15 |
| INDEPENDENT CLAIMS | 5 minus 3 = | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE OR OTHER THAN SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | 270 |
| X42= | | OR | X84= | 168 |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 1178 |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 68 Minus | 41 | = 27 |
| Independent | 16 Minus | 11 | = 5 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | 480 |
| X42= | | OR | X84= | 430 |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 910 |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 68 Minus | 68 | = |
| Independent | 16 Minus | 16 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | Minus | | = |
| Independent | Minus | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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